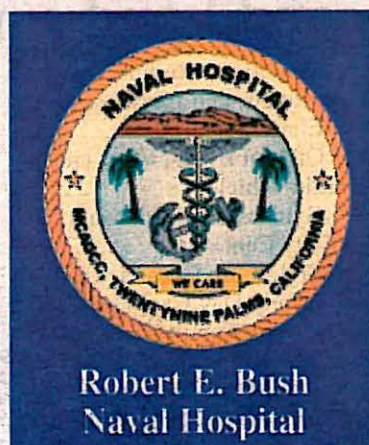


We Won't Forget Our Deployed Crew

Robert E. Bush
Naval HospitalHappy
New Year!

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Frocking Ceremony...



Thirty-five staff members of the Robert E. Bush Naval Hospital including members from the Branch Health Clinic China Lake were recently frocked to their current rank. Some members were not present for this group photo as they are deployed. In alphabetical order are:

HM2 Gabriela Aleman
HM3 Daisy Arciga

HM3 Katrina Arzadon
HM3 Jennifer Atkinson
HM3 Sarah Bremmer
HM3 Stephen Buck
HM2 Michael Burnette
HM3 Tylor Caines
HM3 Philipaldous Consolacion
HM3 John Francis Talaver
IT2 Richard Delgado
HM2 Christopher Demetrulias
HM3 Nicole Edmond
HM2 Stephen Edmunds

HM2 Esmeralda Flores
HM3 Renae Hall
HM3 Catherine Hargrave
HM1 Greg Hulburt
HM3 Justin Jenkins
HM2 Sandra Keeme
HM3 April Kuehn
HM2 Jocelyn Martinez-Delgado
HM3 Dominique Martin-Rothman
HM2 Joseph McKeel
HM1 Calvin Minesinger

HM2 Jeffery Pearson
HM3 Dorian Rodriguez
HM3 Jessica Salas
HM3 Rolando Samartin
HM3 Jami Swatnicki
HM3 Roderick Thomas
HM3 Mary Wagner
HM3 Shawn Warren
HM3 Rebeca Wolfe
HM3 Robert Word

Inside...

Occasionally my office receives requests for clarification regarding regulations pertaining to location of tobacco use areas and exposure to environmental tobacco smoke (ETS) in work areas and living spaces. *page 2*

Performance Improvement is the continuous process of designing, measuring, assessing and improving what we do and how well we do it at Naval Hospital Twentynine Palms *page 3*

Happy holidays may be far away for the 16 Naval Hospital Twentynine Palms and two Branch Health Clinic China Lake staff members who are deployed this holiday season, but their shipmates banded together to make sure that at least some holiday spirit would reach them while they are away from home. *page 3*

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Here's To Your Health...

What really are the tobacco second hand smoke laws aboard MCAGCC?

By Martha Hunt, MA Health
Promotion Coordinator
Robert E. Bush Naval Hospital

Occasionally my office receives requests for clarification regarding regulations pertaining to location of tobacco use areas and exposure to environmental tobacco smoke (ETS) in work areas and living spaces. In order to clarify this issue, here are the guidelines set down by various DoD and state organizations.

Collectively, these documents state that all buildings and DoD owned vehicles will be tobacco free and that individual commands shall determine the location of tobacco decks in collaboration with any collective bargaining units. These tobacco decks must be at least 20 feet from any opening to a building including doors, windows and ventilation systems. Also, these tobacco decks may not be upwind of these building openings so that the ETS is not then drawn into the ventilation system by the wind. They also direct that where smokers and non-smokers cannot be separated, that non-smokers rights take precedence.

The DoD instruction 1010.15 Smoke Free DoD Facilities defines ETS as "Also referred to as "secondhand" or "passive" smoke. Exhaled and/or side-stream smoke emitted from smokers and the burning of cigarettes, cigars, and pipe tobacco. A major source of harmful indoor air pollution, designated a "Class A carcinogen" by the Environmental Protection Agency (EPA), and known to cause respiratory illness and heart disease."

With regards to the actual tobacco deck areas: "The DoD Components shall:

- * Control worker exposure to ETS by eliminating smoking in DoD facilities.

- * Designate "outdoor smoking areas," when possible, which are reasonably accessible to employees and provide a measure of protection from the elements. Since ETS is classified as a "potential Class A carcinogen," exposure to ETS shall be reduced to the lowest possible

concentration. Smoke-break areas only should be outdoors and away from common points of ingress and/or egress into and/or out of the DoD facility and not in front of building air intake ducts." And finally,

- * "Prohibit indoor designated smoking areas."

The instruction also requires tobacco risk education which is supplied by the Naval Hospital Tobacco cessation program both as organized classes and by education efforts aboard MCAGCC such as tobacco education stand downs and displays. The DoD instruction does not set any certain number of feet from the building or any other concrete guidance.

The SECNAVINST 5100.13C Navy and Marine Corps Tobacco Policy defines ETS in the same manner as the DOD instruction 1010.15. It then goes on to state "Mere separation of smokers and nonsmokers within the same airspace may somewhat reduce, but does not eliminate ETS exposure." It further defines tobacco deck areas in the same manner as the DoD instruction. It does add, however, that "The distance from building entry ways/egresses which smokers must maintain is to be determined by the command. This policy does not require that funds be used to provide sheltered, outdoor smoking areas."

Marine Corps Order MCO 5100.28 states that "Any building, aircraft, or vehicle under Marine Corps control" will be tobacco free. The MCO defines a smoking deck as "An outdoor or enclosed area, designated by the commanding officer, where smoking is allowed." It states, however, that if an enclosed area is used as a tobacco area that it must meet the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) standards. ASHRAE has stated as recent as 2005 that no known indoor ventilation system meets their standards for totally eliminating ETS, thereby banning any indoor tobacco spaces. The MCO specifies that tobacco use is banned in:

- * Base Family Housing that is in the common areas of multiple family units.
- * Auditoriums and Theaters.

- * Conference Rooms, Classrooms, and Libraries.
- * Elevators.
- * Official Buses, Vans, and Shuttle Vehicles.
- * Gymnasiums and Youth Activity Centers.
- * Child Care Centers.
- * Family Day Care Homes.

Smoking in Family Day Care Homes shall not be permitted when children, other than the provider's own, are present unless the parents of those children voluntarily consent thereto in writing.

- * Work Areas.
- * Barracks.
- * Corridors, Lobbies, and Restrooms.

Regarding barracks, "Smoking and nonsmoking preference shall be considered in the assignment of barracks berthing space. There shall be no smoking in BOQ/BEQ rooms or squadbays shared by smokers and nonsmokers. When it is impractical to segregate smokers and nonsmokers, smoking is

prohibited. In barracks which have a central ventilation system smoking is prohibited."

Locally, the NAVHOSP29PALMSINST 5100.13E mirrors the above instructions but includes a directive that Naval Hospital civilian employees are not allowed any additional time for tobacco breaks beyond their two 15 minute breaks per day. As a side note, tobacco breaks cost employers on average \$5,200 per year per employee in lost time due to tobacco breaks.

Finally, regarding State of California legislation, Assembly Bill 846 sets that no one may use tobacco products within 20 feet of any point of entry, egress, window or ventilation

system. A point to note, when you smoke, you are exhaling cigarette smoke for a full 15 minutes after you stub out the butt. This means that you carry ETS back with you to your work area or into your home and further expose your coworkers and family to ETS.

If you have concerns regarding proper use of tobacco decks or exposure to ETS, your safety officer and chain of command are your best bet to make changes to ensure your health and the health of those around you. If you wish to enroll in the tobacco cessation class or want to schedule a tobacco stand down for your unit, please call 830-2814 and I will be happy to schedule you.

Learn to Become Tobacco Free!

The Naval Hospital Health Promotions Program offers tobacco cessation classes. Classes are offered at two convenient times of noon and 5:30 p.m.

To sign up, call Health Promotions at 830-2814. The next set of tobacco cessation classes will start Feb. 7.

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Performance Improvement at Naval Hospital Twentynine Palms

By Danette Mondary, OPIC
Robert E. Bush Naval Hospital

Alexander Graham Bell changed the process of communication worldwide when he invented the telephone. From his ideas and visions for a more effective and better way to communicate, the world moved from what used to take days to months for correspondence to real-time communication. Whatever you do and where ever you go, you are surrounded by processes that can be improved.

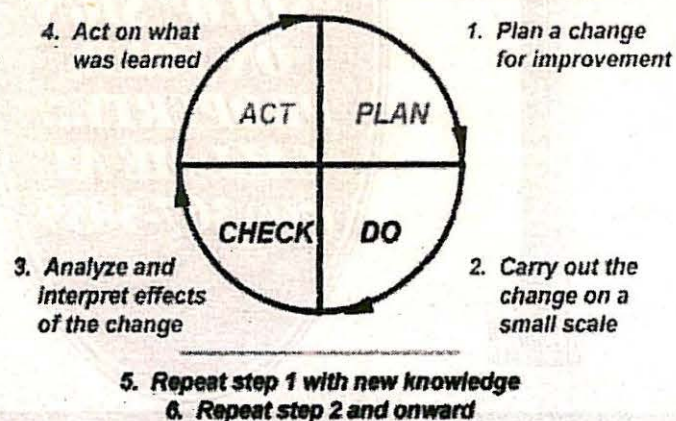
By bringing your insight into the healthcare system, your experiences and knowledge allows you to see processes that we may be able to do better. Your ideas and visions for us to deliver care in a more effective way are important. The Robert E. Bush Naval Hospital's mission is to deliver quality care and service to our patients and their families and to be the hospital of choice and the workplace of choice for all staff. As you see, the incentive for improving processes is great!

The information we gain from patient satisfaction surveys, comments, and feedback to Customer Service Representatives and staff is vital to improving our systems and processes. Patient input is reviewed, along with staff input, to determine how we can provide the highest quality of care in a safe environment. Utilizing the hospital's performance improvement model -- PDCA, systems and processes identified from the information received allows us to develop more effective and efficient ways to enhance patient care.

Plan: Plan the Improvement
Do: Do the Improvement
Check: Check the Results
Act: Act to Hold the Gain

Contact Lt. Stone (830-2475), our Customer Relations Officer, in the Organizational Performance Improvement (OPI) Department with your ideas and visions. We may not be remembered in this life for an invention that changed the world but, working together, we can be remembered for positively affecting our community. Seize the opportunity; join with your healthcare team to make this the hospital of choice for both patients and staff. We look forward to working with you during this New Year.

The Plan-Do-Check-Act (PDCA) Cycle



Hospital Staff Strive to Brighten Holiday Spirits of Deployed

Happy holidays may be far away for the 16 Naval Hospital Twentynine Palms and two Branch Health Clinic China Lake staff members who are deployed this holiday season, but their shipmates banded together to make sure that at least some holiday spirit would reach them while they are away from home. The People Goal Team, lead by Lt. Laura Jensen and Lt. Chris Niles, spearheaded a campaign throughout the Naval Hospital to collect gifts for each of the 18 deployed members. The campaign kicked off on Nov. 14, with the placement of a tree filled with ornaments for each deployed member placed at the quarterdeck. There were five ornaments made for each person with their name and picture and on the back, a picture of "muddy boots" -- the symbol for Navy medicine.

The hospital staff was encouraged to take an ornament and buy a gift for the person pictured on it. The staff responded with incredible enthusiasm. A total of 415 pounds in gifts were mailed out to our shipmates. Each individual received a box, but additionally, each group of sailors received a box with Christmas greenery and decorations. Lt. Cmdr. Williamson graciously donated the materials so that each group of deployed sailors could have some festive decorations to brighten their workspace. The Morale, Welfare, and Recreation Committee, headed by Lt. Luley, generously contributed the funds to pay for postage.

We are proud to have the opportunity to show our appreciation for our shipmates standing the watch overseas. RP2 Costas, one of many volunteers who helped with the project, had this to say, "I was more than happy to be involved in helping with the Christmas gifts for the deployed hospital troops. This time of year can be especially rough for them, and I feel that it is my duty and pleasure to keep their spirits up during this holiday season." Though nothing will compare to the joy of arriving home safely, we hope that these gifts bring a spot of happiness to all of those in harm's way this season.



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Keep your Computer System in top shape

By Tim Smith,
Management Information Dept.
Robert E. Bush Naval Hospital

I was talking with a friend the other day who had been struggling with his uncooperative computer system for a few weeks now. "This thing will not do what I tell it to, it's a hunk-of-junk," he exclaims. Frustrated he continues; "I just can't understand how a Company can put out a product that simply doesn't work." How long have you owned it? Just over four years now, he states. Was it working well when you first bought it? Oh yes, it was top of the line and now it won't even boot into Windows 98!

I'll gamble and say that most computer users have been through this, in one fashion or another, only to learn that it is just a Computer system and does require routine maintenance if you want to keep your hair its original color and protect your investment.

For now, allow me to explain some necessary maintenance routines that must be accomplished in order to keep your system running as it was designed and intended.

When your computer system is shipped from your computer manufacturer, it contains an Operating system or OS, for short. Currently, the operating system of choice, and most popular, is Windows XP.

The operating system installed on a computer is what actually drives the computer in performing your mouse clicks and commands you elect. Operating systems must be secured and protected against poor or malicious software manufacturers, spyware, virus attacks and hackers. If you're an internet user, the last thing you need is for your system to be hijacked and remotely controlled by some hacker performing illegal or questionable activity with your system.

Computer Viruses got you down too?

First of all, you need a good Antivirus program. Personally, I prefer Symantec Antivirus. But, just the mere fact that you have an antivirus program running all

the time is not enough. Think about it, your antivirus program was developed to protect against an attack on your system. New attacks, or viruses, are created everyday. How can your three year old antivirus program stop viruses that it does not know even exist? You have to update it. Updating your Antivirus is easy and painless. Symantec Antivirus for example, contains a program called "Live Update" which, will automatically connect to www.symantec.com and update its virus definitions to current date. This will prevent against attacks for all "known" viruses out there circulating in Cyberspace. Remember, I mentioned that Viruses are created everyday? Therefore, keep your virus updates as current as possible.

Harden that OS!

Your operating system, Windows XP in this example, needs to be updated as well. Everyday new Security and Critical vulnerabilities are being discovered. Upon discovery, Microsoft creates a program or program update to secure the vulnerability and posts the file(s) on their web site for download. They call this web site Windows Update and can be found at either <http://www.windowsupdate.com> or <http://update.microsoft.com>.

You should steer your computer there routinely and have it checked for Critical and Security updates that may be missing. It's real simple. Kind of like taking your car in for a tune-up except, it costs you nothing but your internet connection.

On the flip side, if you do get a virus and your system is loaded up with so much garbage that you cannot move your mouse, you may need to take it in to a professional and that can cost you depending on the actual bench time needed to clean your system.

Don't Spy on me while I'm Phishing!

Of course we needed to change the way the word is spelled but, its meaning is relatively the same. You throw out some bait on a hook and sure enough someone will bite. Only in this case you could lose your identity, so to speak.

Although not officially classified as a virus, spyware is a major nuisance. You boot your computer. Your desktop comes up and you open up Internet Explorer. A bunch of windows start opening up all over. Chaos! You type in a web site address, click GO and you find that you're 're-directed' to another web site trying to sell you stuff or worse it's a PORN site. "Wait, that's not what I typed!" Frustrating, I know. Now you seem to be getting a lot of email from your Mortgage Company. They need additional information from you to keep your account active. That's funny, why don't they greet me by my name? Instead it's "Dear Customer". Paypal is sending you email concerning your account and then you realize; I don't have a Paypal account and after further review you find that this is not your Mortgage Company after all... Whew, good thing you didn't click the

link in the email? SPYWARE & PHISHING and it's everywhere.

But wait, there's good news. Microsoft is more than likely tired of all the support calls regarding this so, they decided to get into the game of spyware and adware eradication. Yes, Microsoft has a program in Beta form that will scan your computer system and eradicate that pesky software. It's called "Windows AntiSpyware" and I think it performs very well. I've performed some tests against other leading AntiSpyware programs and Microsoft's fairs out pretty well. But, again it's only going to eradicate what it knows to be spyware and adware. So, you have to update it routinely as well. There's an "Update" button in the software program to click on making it super-easy to maintain.

In conclusion, we have;

1. Installed a reputable antivirus program and updated it
2. Hardened the Operating System (OS) via Windows Update

3. Installed a reputable AntiSpyware program and updated it

What's missing?

Hardening the OS is a great step. Installing those programs to keep you and your family safe is also great but, what is missing and what most people forget about is that you have to run periodic checks or scans on your system. Go into your Antivirus and Antispyware programs and have them run a check on your computer drives. Go to www.windowsupdate.com and perform an Express check.

It's also a good idea to run Antivirus and Antispyware on your thumb drives, floppy's and Zip disks before you insert them into your system or, worse yet, into a DoD Computer system. Keep in mind that CD's can also be haven for these pesky nuisances, just ask Sony BMG.



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Medical Minute -- Detecting and Treating Glaucoma

By Lt. Cmdr. Catherine O. Durham, MSN
Robert E. Bush Naval Hospital

The Medical Minute is a monthly article that covers common health topics and concerns. I would like to start off the New Year with talking about a potentially serious and debilitating eye condition! Lets start off 2005 seeing the world in a bright and healthy way! Happy New year!

What is glaucoma?

Glaucoma is an eye disease that may cause loss of vision. It occurs as a result of a buildup of fluid in the eyeball. Imagine that the inside of your eye is like a sink, with the faucet always running and the drain always open. Like water in the sink, the fluid in your eye moves in and out. The fluid nourishes your eye and keeps it healthy. After the fluid circulates, it empties through a drain in the front of your eye. In people with glaucoma, the drain in the eye is blocked and the fluid can't run out of the eyeball. Instead, the fluid builds up and causes increased pressure in the eye.

How does increased pressure damage your eye?

The increased pressure in the eye destroys the nerve cells in your eye, causing you to lose your vision. At first, you may have blind spots only in your

peripheral, or side, vision. If your glaucoma isn't treated, your central vision will also be affected. When glaucoma causes vision loss, the loss is permanent. Nothing can restore dead nerve cells.

What are the symptoms of glaucoma?

Most people with glaucoma don't have any symptoms of the disease. You might not realize that you're losing vision until it's too late. Half of all people with loss of vision caused by glaucoma are not aware they have the disease. By the time they notice loss of vision, the eye damage is severe.

Rarely, an individual will have an acute attack of glaucoma. In these cases, the eye becomes red and extremely painful. Also, nausea, vomiting and blurred vision may occur.

Who gets glaucoma?

Risk factors for glaucoma include older age, black race, family history of glaucoma, high pressure in the eyes, diabetes, hypertension and near-sightedness.

How do I know if I have glaucoma?

You won't know you have glaucoma until you notice vision

loss. Since glaucoma causes no symptoms other than vision loss, it is important that you have a complete eye exam by an ophthalmologist. An ophthalmologist is a doctor who is trained to provide care for the eyes, including the diagnosis and treatment of glaucoma. Your ophthalmologist can measure your eye pressure, examine your optic nerve and evaluate your central and peripheral vision. Early diagnosis and treatment of glaucoma can prevent damage to the eye's nerve cells and prevent vision loss.

How often should I have an eye exam?

It is generally recommended that you have a complete eye exam by age 39. After that, eye exams should be done every 2 to 4 years. After age 64, they should be done every 1 to 2 years.

What is the treatment for glaucoma?

Glaucoma can be treated with eyedrops, pills, laser surgery, eye surgery or a combination of methods. The purpose of treatment is to lower the pressure in the eye so that further nerve damage and vision loss are prevented.

If you have any questions about the information provided contact your healthcare provider.

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Super Stars and Hard Chargers...



From The Desk of A Special Thanks

By the time the January will be 2006, but as I thoughts, thinking about 2005, the holiday season PAO is patiently waiting again, and our mural is just about

This past year can best be described Dickens 'it was the best of times, E. Bush Naval Hospital and its crew Medal of Honor, American Hero a Chief Bush was our namesake and also lost SK2 James Herford, another sorely missed.

There was significant crew turnover fortune to have an awesome new group Shipmates. Many of our Shipmates I know they're in your thoughts. I Twentynine Palms bring that idea

As I cruise the hospital and meet awe of you, your commitment to others...creating the best of times. Our ty is so well served by you, and I'm

In the interest of brevity I'll close photos...photos of the Superstars who as ambassadors of Navy Medicine.

BZ and Thank You for all you have ward to serving with you and being

BZ & CP
CAPT R. J. Engelhart
Commanding Officer



CO... to the Crew

on of The Examiner is published, it
e with pen in hand gathering my
publisher's deadline and, it's still
in full swing and Dan Barber our
my note. Navy won the big game

in those immortal words of
the worst of times' for the Robert
obert E. Bush, recipient of the
acious person passed away. Master
mate, and he will be missed. We
hipmate whose presence will be

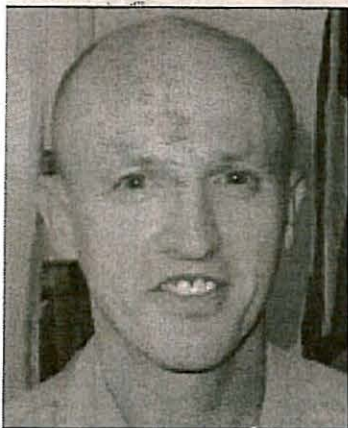
nd once again we have the great
tion of Staff Superstars as
loyed, some remain deployed, and
takes care of its own, and we in

hat with you, I continue to be in
tients, our community and each
lavy, our Nation and our communi-
ud to be your Shipmate.
re room on these pages for your
ing this hospital to life and serve

me, and continue to do. I look for-
r Shipmate in 2006.



Super Stars and Hard Chargers...



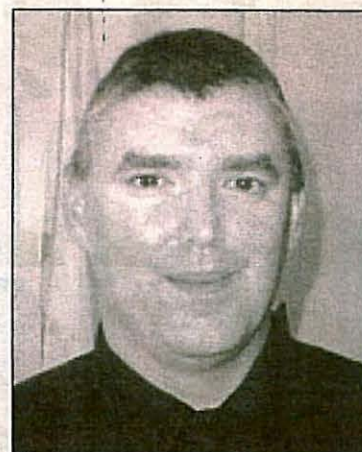
Captain Daniel Hansen, Director of Ambulatory Care, receives a Navy and Marine Corps Achievement Medal.



Lt. Cmdr. Martin O'Connor, Surgical Services, receives a Navy and Marine Corps Achievement Medal.



Lt. Joseph Chery, Department Head, Patient Administration Department takes the oath during his recent promotion ceremony.



HM1 Ubaldo Llanos, Education and Training, receives a Joint Service Achievement Medal.



HM3 Carmen Key, Optometry Department, receives a CG's Certificate of Commendation.



CS2 Victor Murphy, Food Services Department, receives a CG's Certificate of Commendation.



Martha Hunt, Health Promotions Coordinator, Population Health Department receives a Certificate of Appreciation.



Elaine Grossman, Dietician, Population Health Department receives a Certificate of Appreciation.



CSSN Ruben Dominguez, Food Services Department, receives a CG's Certificate of Commendation.



CSSN Marissa Rapanut, Food Services Department, receives a CG's Certificate of Commendation.



CSSN Allen Rhodes, Food Services Department, receives a CG's Certificate of Commendation.



Lt. Ayessa Fusilero, Education and Training, receives a 3-6-9 Certificate.



Lt. Wendy Stone, Customer Relations Officer, receives a 3-6-9 Certificate.



HN Christin Word, Multi-Service Ward, receives a Letter of Appreciation.



HN Rebeca Wolfe, Multi-Service Ward, receives a Letter of Appreciation.



HM3 Jessica McDurmon, Patient Administration Department, receives a Letter of Appreciation.

Avoid Gaps in TRICARE Prime Coverage

Retirees, New Enrollees Follow the '20th of the Month Rule'

From TriWest Healthcare Alliance

As his retirement date on the first of the month drew closer, Chief Petty Officer Matt Jefferson counted the days. He's glad his wife Judy did, too.

She circled the 20th of the current month on the calendar with a reminder to enroll the family for TRICARE Prime health care coverage as retirees on or before that date.

"If I hadn't remembered to renew our coverage, we would have been without Prime coverage when I hurt my leg falling off the kitchen stool," Judy said. "Although we still could have used TRICARE Standard or Extra, we would have had to pay more out of pocket."

Individuals who've been in the TRICARE system for any length of time may have heard of the "20th of the month rule" without really understanding what it means.

TRICARE's "20th of the month rule" is designed to prevent a service member's TRICARE Prime health care coverage from being interrupted, whether the military member is enrolling for the first time or reenrolling in anticipation of retirement.

TRICARE Prime coverage requires service members to complete and submit a TRICARE Prime Enrollment Application (available on www.TriWest.com) and the appropriate enrollment fee. Under most circumstances, the service member must submit the form and the fee on or before the 20th of the current month, so that Prime coverage will be effective on the first day of the following month.

For new enrollments, if TriWest Healthcare Alliance, the TRICARE West Region contractor, receives a new Prime enrollment application on or before the 20th day of the month, the service member and family will be enrolled in Prime effective the first day of the following month. But if the enrollment form and fee are received after the 20th of the month, Prime enrollment will not be effective until the first day of the second month after application is received.

For example, if the application and fee are received by TriWest on or before Feb. 20, the service member's Prime enrollment will have an effective date of March 1. If the application is received on Feb. 21 or later, that enrollment will not begin until April 1.

If an active duty service member's date of retirement falls on the first of the month (as it does for most), and he or she chooses to reenroll in Prime and returns the completed enrollment form and fee to TriWest on or before the 20th of the month preceding the retirement date, Prime coverage will begin on the first. This will help ensure continuous, no-lapse coverage for the retiree and his or her family.

If the retirement date does not fall on the first of the month, the Prime enrollment application and fee must be submitted within 30 days before the beneficiary's retirement date. That way the effective enrollment date will be the retirement date, and there will be no break in coverage.

Retiring Service Members Must Update DEERS Records

Before reenrolling in TRICARE Prime, soon-to-retire service members also must update their records in the Defense Enrollment Eligibility Reporting System (DEERS) to reflect the change in status and any planned change of address or other information. Status changes reflecting retirement must be done in person, by visiting the military personnel office or ID-card-issuing facility, so that new ID cards can be issued.

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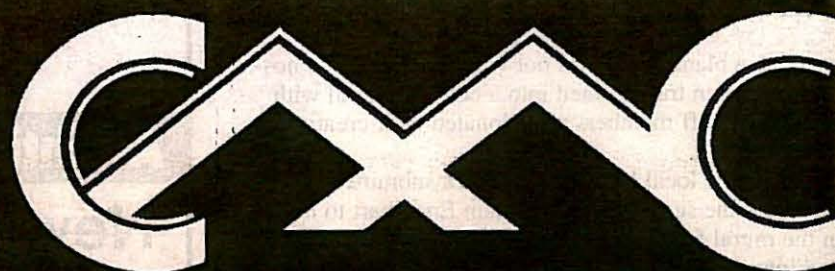
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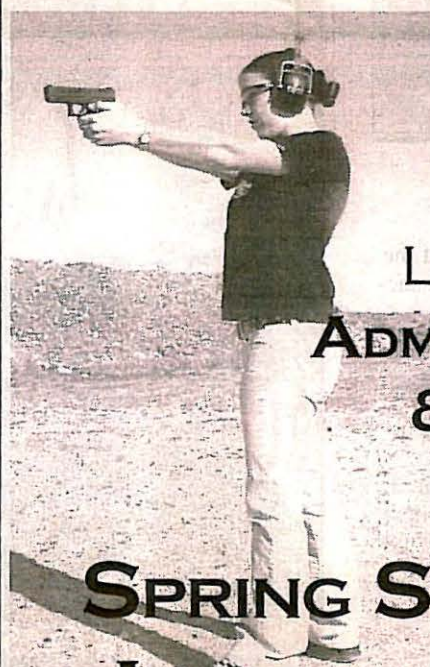
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New Mural Added to Hospital

What was once a blank 1000 Sq Foot wall in front of the hospital has now been transformed into a colorful mural with the help of our staff members who donated their creativity and many off duty hours.

The wall encompasses the local landscape, an idea submitted by HM2 Smith and utilizes the suggestion of Captain Engelhart to have the mountains in the mural follow the ridgeline that is behind the hospital. Incorporated into the mural is the Navy Medicine logo, the logo for the Robert E. Bush Naval Hospital and the Marine Corps Eagle, Globe and Anchor which is representative of the majority of the community in which we proudly serve. The coloring of the clouds mimics the colors that are present during the sunrise and the color scheme on the top and bottom of the mural are of the traditional Navy blue and gold. The following is a list of everyone who raised a paint brush to help complete this massive project in one weeks time:

Captain Engelhart; Captain Hanson; Lt Guy; Lt Mata; HM2 Smith and her family; James and Jackie; HM2 Alvord; HM3 Schneider; HM3 Leatherberry; HM3 Hargrave; HN Tillman; HN Word; HA Noyes; HA Parr; HA Pooch; HA Bugayong; HA Lillis; HR Martin; HR McCullum; and HR Razon.

Also greatly appreciated were the efforts of the Lt.j.g. Little and her crew at the Facilities Management Department who assisted in laying out the grid lines for the technical drawing of the mural, setting and tearing down the scaffolding and ordering the supplies.



Toys for Tots Thank You

Thank you, thank you, thank you. Each year Toys for Tots at the Combat Center relies on volunteers to make the program a success.

This Christmas season that success was due in large part to the commitment and generosity of so many Naval Hospital staff members. They all gave of their time to help with an event or to answer phones at the hotline so that families throughout the area could call in and request toys.

HM2 Boles and HM3 Key, as the Robert E. Bush Naval Hospital representatives to Toys for Tots, were so important in enlisting volunteers from the hospital, and so many of the staff and their families did volunteer. Toys were distributed to many grateful families in the high desert area, and to many of our military families assigned here.

BZ and thanks to each one of you who volunteered your time.



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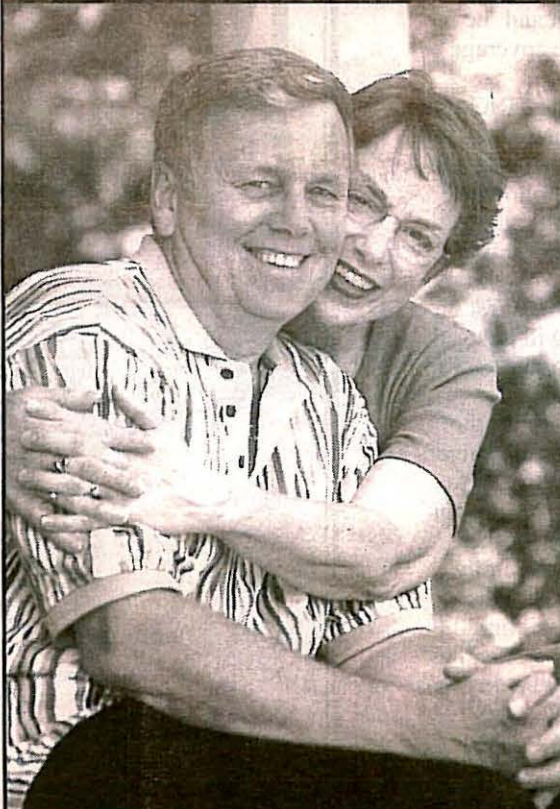
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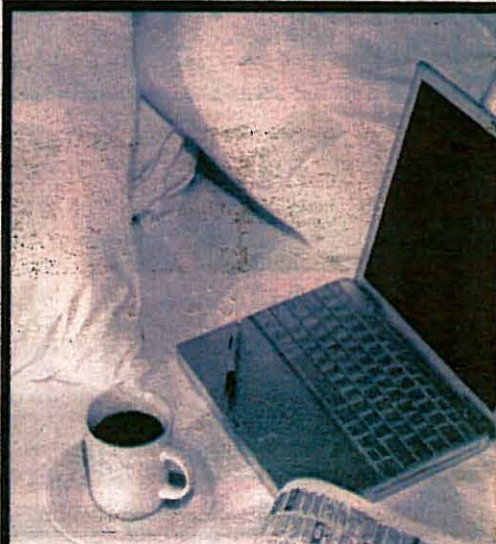


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